



### **PRIVACY ACT WAIVER**

I, \_\_\_\_\_, do hereby authorize the Department of State and/or the Embassy of the United States of America to release my name and information concerning my claim (s) against the Government of Nicaragua to:

Family	YES (____)	NO (____)
U.S Congress	YES (____)	NO (____)

I do further hereby authorize the release of my address and telephone/fax numbers to:

Family	YES (____)	NO (____)
U.S Congress	YES (____)	NO (____)

Others to whom the release of information is authorized (please list names):

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**Please list names of people to whom you do not wish the Embassy or the Department of State release information concerning your claim or your contact information:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

I certify that this document constitutes my written consent to this disclosure of the aforementioned information within the meaning of the Privacy Act of 1974, 5 U.S.C. section 552a.